	TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTIO this form.	GUIDE explains how to complete  1 ACCOUNT# (Ethics Commission filers)	Total Pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr DAUID M.	OFFICE USE ONLY
IVAIVIE	NICKNAME BUCHER SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE #40	Pote Hand delivered as Pote Poetworked
Change of Address	SAN ANTONIO TX 78212	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	NICKNAME LAST TREVINO	Receipt # Amount  Date Processed
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	Date Imaged ZIP CODE
TREASURER ADDRESS (Residence or business)	1219 Oblate Drive	216
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  210 824-2390	
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH 07/15	
10 ELECTION	ELECTION DATE  Month Day Year  Primary Runoff	General Special
11 OFFICE	OFFICE HELD (if any)  OFFICE SOUGHT (if know	District 9
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the direction.	ndidate's prior consent or approval. rect campaign expenditure. ••
BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

CANDIDAT	re/offic	CEHOLDER REPORT:	FORM C/OH
SUPPORT	& TOTAL	.S CHANGE ONED	OVER SHEET PG 2
14 C/OFT DAME AU	ID N	75 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	otice of political expenditures by political committees to support the candidate e without the candidate's or officeholder's knowledge or consent. Candidates an if they receive notice of such expenditures.	officeholder. These expenditures nd officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit below and	nd submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS RITHAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,700.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	. POLITICAL EXPENDITURES	\$ 2,474.23
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT		I swear, or affirm, under penalty of perjur is true and correct and includes all inform me under Title 15, Election Code.	, , , , , ,
Earle M. Obe West Norriton My Commiss	Notarial Seal erholtzer Jr., Notary in Twp., Montgomery sion Expires Dec. 26 ylvania Association of	County hand Mon	or Officeholder
AFFIX NOTARY STAMP			
Sworn to and subscrib		the said David M. BUCHER, th	his the 9th day
GadeM. O	hodist	LEARLEM.OBER14017282 TR -	NISTAPA
Signature of officer adr	ministering oath		officer administering oath

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	THAN PLEDGES OR LOANS	5		SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	0.1.	1 Total pages this	al Quie A1:
2 FILER NAME	JUID M. BUCH	ER 2001.	3 ACGOUNT# (Eth	ics Commission filers)
4 Date Ma V	5 Full name of contributor   out-of-state PAC (ID#:_	<u>a</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2,	6 Contributor address; City; State; Zip Code		300,00	
	SATX 78205			
9 Principal occu	pation (Optional)	10 Employer (Option	al) 	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
May	Dr Lon Smith		ا م ـ م	
3	Contributor address; City; State; Zip Code Parkhill		300,00	
2001	5 ATK 78212			
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
May	Shirley Ehrli	ch	CONTIDUCTOR (W)	description (napplicasie)
14	Contributor address; City; State; Zip Code 9311 San Pedr	2 Ste 700	100.00	
2001	5ATX 78216	0	7 -	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
May	IBEW #6	<i>O</i> 	CONTRIBUTION (4)	description (ii applicable)
1 4	Contributor address; City; State; Zip Code	hito Rd	500.00	
2001	5A TX 7822			
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
May	SAPOA		contribution (\$)	description (if applicable)
1 4	Contributor address; City; State; Zip Code	10 #300	5M 00	
2001	5A TX 7821	7		
Principal occu	pation (Optional)	Employer (Option	al)	I

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES		SCHEDULE F	
	Secretary Andrews		
The Instruction Guide explains how to complete this form.	1: Fotalpages S		
2 FILER NAME DID M. BUCK	TER 2001 JUL 13 AGCOGNT3	thics Commission filers)	
6 Payee address; City; State; Zip Code	rry PH.D.	500,00	
8 Purpose of payment (See instructions regarding type of information required.) Rent on property for fundraiser.	9 •• Complete if direct expenditure to Candidate / Officeholder name Off	benefit C/OH •• ice sought Office held	
	Port Services ive West	Amount (\$) 1,674.23	
Purpose of payment (See instructions regarding type of information required.)  Mail out	•• Complete if direct expenditure to Candidate / Officeholder name Off	benefit C/OH •• ice sought Office held	
	40 207	300.00	
Purpose of payment (See instructions regarding type of information required.)  Manage Campugn  + remove 5, 905	Complete if direct expenditure to Candidate / Officeholder name Off	benefit C/OH •• ice sought Office held	
Date Payee name  Payee address; City; State; Zip Code		Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		benefit C/OH •• ice sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

P.O. Box 12070

		IDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR SIGNATION OF FINAL REPORT CITTURE AND ANTIONIO
		struction Guide explains how to complete this form.  plete only if "Report Type" on page 1 is marked "Final Report" 1
1	C/OH N	AME David M. Bucher 2 ACCOUNT #(Ethics Commission filers)
3	SIGNA	TURE
	a repo	of expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating out as a final report terminates my campaign treasurer appointment—also understand that I may not accept any campaign outions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER  Diete A & B below <i>only</i> if you are a candidate ••
	A.	CAMPAIGN FUNDS
	Checi	conly one:
	M	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
•		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Check	conly one:
	×	I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate
5		EHOLDER  Diete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.
		Signature of Officeholder

1	TE/OFFICEHOLDER ON FINANCE REPORT	RECEIVED CITY OF SAN ANTON	FORM C/OH OVER SHEET PG 1
this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission-Flors)  7001 APR 2	5 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr DAUI	MI	OFFICE USE ONLY
	NICKNAME BUCHE	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: C	STATE: ZIP CODE	
Change of Address	SAN ANTONIC	TX 78212	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MRS KATHLET	N "K.O"!	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 1219 OBLAT 5AW ANTONIO	E DRIVE	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  RID) 824-2	EXTENSION 39	
8 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
A 250100	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROU	OH OH /27/	01
10 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year  Primary	E ☐ Runoff           ☐ G	eneral Special
11 OFFICE	OFFICE HELD (If any)	OFFICE SOUGHT (Fibrown)	DISTRICT 9
13 NOTICE OF DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campaign expenditures are required to disclose this information on</li> </ul>	ditures made by others without the candid by if they receive notification of the direct	iste's prior consent or approval. campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name	=	: `
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zij	p Code	
GO TO PAGE 2			

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT #(Ethics Commission flars)
16 NOTICE FROM POLITICAL COMMITTEE(S)	iliay nave been mad	ptice of political expenditures by political committees to support the candle without the candidate's or officeholder's knowledge or consent. Candid if they receive notice of such expenditures.	didate / officeholder. These expenditures lates and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidevit be	slow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,025.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ \( \)
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,257.42
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	1E \$
19 AFFIDAVIT	MIIIIIII.		
	BldX3	I swear, or affirm, under penalty of p is true and correct and includes all in	
1Ethes	10 31 Kg	me under Title 15, Election Code.	, , , , , , , , , , , , , , , , , , ,
27.00	NAME OF STREET	hawith. K	Ducker
Tinnin	AOMILIA	Signature of Cands	date or Officeholder
AFFIX NOTARY STAMP			-1
11 1		ne said David M. Bucher fy which, witness my hand and seal of office.	, this the $\frac{27h}{}$ day
Signature of officer adm	Unistering oath	Melinus S. lopex Printed name of officer administering oath Title	OUN L o of offiger administering cath

Texas Ethics Comr	mission P.O. Box 12070 Aust	in, Texas 78711-207	70 (512) 46	3-5800 <u>1-800-325-85</u> 0
	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOR FOR	SCHEDULE A1  MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC/SPD, & SPAC-SS)  CALL ANTONIO
The Instruction	Gues explains how to complete this form.		1 Total bages this	
2 FILER NAME	ID M. BUCK	ER	3 ACCOUNTS OF	PAR Commission Mars) 9: 57
APR	Full name of contributor out-of-state PAC (IDE)	Hausser	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2001	Contributor address; City; State; Zip Code  234 Alta Ave  5 A TV 787 M	•	75,00	 
9 Principal occupat	ion (Optional)	10 Employer (Option	nai)	
APR S	Full name of contributor Doug-of-time PAC (104: Stephane Fortr	CAVENDER	Amount of contribution (\$)	In-kind contribution description (if applicable)
2001	Contributor address: City; State; Zip Code 201 DEVINE 5A TX 78217	)	100.00	
Principal occupati	ion (Optional)	Employer (Option	el)	
APR	Full name of contributor Out-of-state PAC (IDF.		Amount of contribution (\$)	In-kind contribution description (if applicable)
2001	Contributor address; City; State: Zip Code LOO Charles TX 782	Rd 9	500	i
Principal occupation	on (Optional)	Employer (Options	N)	
APR I		tuntley	Amount of contribution (\$)	in-kind contribution description (if applicable)
2001	Contributor address; City; State; Zip Code  123 PARKLANE  5 A TX 782	DRIVE -12	50.00	
Principal occupation	on (Optional)	Employer (Options	il)	
APR (	Full name of contributor Out-of-state PAC (IDIT_CONTRIBUTION OF CITY State; Zip Code	)(G	Amount of contribution (\$)	In-kind contribution description (if applicable)
2001	5A TX 78212		1W=W	
Principal occupation	n (Optional)	Employer (Options	i)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Texas Ethics Commission P.O. Box 12070 Aust	n, Texas 78711-2070 (512	2) 463-5800 1-800-325-8506	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	RECETY RECETY OF SAN A	SCHEDULE A1  Porms (70H, C/0H-SS, SC-C/0H, NTONIBAC, SPAC, & SPAC-SS)  RK	
The Instruction Guide explains how to complete this form.	Total page	s this Schedule A1: A 9: 51	
2 FILERNAME UID M BUCH	ER 2001 APACEOUNT	# (Ethics Commission filers)	
A Date   5 Full name of contributor   Dout-of-state PAC (ID#	5 Allen 7 Amount o contribution	· •	
6 Contributor address: City: State, Zip Cod 304 Toma hau	k Trail 100.0	D	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date Full name of contributor  Full name of contributor  Out-of-state PAC (ID#)  Contributor address:  City: State: Eig Code  Code	Amount of contribution 100, N		
Principal occupation (Optional)	Employer (Optional)		
Date  Full name of contributor  Out-of-state PAC (ID#:  APR  Contributor address: City; State, Zip Code  2001  SAIX 78204	Amount of contribution 200.2		
Principal occupation (Optional)	Employer (Optional)		
Date  Full name of contributor  Contributor address:  Contributor address:  Contributor address:  Contributor address:  Contributor address:  City: State: Zip Code	Amount of contribution		
Principal occupation (Optional)	Employer (Optional)		
Date  Full name of contributor  Over State: Zip Code  Contributor address: City: State: Zip Code  Contributor 30   5   FV   0	Amount of contribution 500.0		
Principal occupation (Optional)	Employer (Optional)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

Principal occupation (Optional)

POLITICAL EXPENDITURES	RECEIVED SCHEDULE F  RECEIVED SCHEDULE F  CITY OF SAN ANTONIO  CITY OF SAN CLERK		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule P		
2 FILER NAME UID M BICHE	2001 3 ACCOUNT # (Ethics Commission filers)		
ARR MUNGUIA PRIN	TERS 7 Amount (5)		
201 6 Payee address; City, State; Zip Code 201 BUEINF	1,092.90 207		
Purpose of payment (See instructions regarding type of information required.)  Printing Mailer	9 ↔ Complete if direct expenditure to benefit C/OH ↔ Candidate / Officeholder name Office sought Office held		
APR John Aguaya	Amount (\$)		
Payee address; City: State: Zip Code 1585 N Sa 200 SA IX	binas 200.00 18207		
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Manage Campaign			
Paylee name  APR John Aguaya	Amount (\$)		
Payee address; City: State: Zip Code  1585  700  A TIV	abinas 150.00		
Purpose of payment (See instructions regarding type of information required.)	·· Complete if direct expenditure to benefit C/OH ··		
Manage Campaign	Candidate / Officeholder name Office sought Office held		
APR MUNGULA PR	Amount (\$)		
23 Payer address; City; State; Zip Code 2001 BUEN	AUSTA - 637.86 8207		
Purpose of payment (See instructions regarding type of information required.)			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

P.O. Box 12070

POLITIC	CAL EXPENDITURES		SCHEDULE F
		RECEIVEI CITY OF SAN AN	TONIO
The Instruction	N GUIDE explains how to complete this form.	1 Total pages	Schedule F:
2 FILER NAME	AND M BIXH	2001 APR 21 24 3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name MUNG-UIA [-	RINTERS	7 Amount (\$)
26	6 Payee address; City: State; Zip Code 2201 BUENF	4 VISTA 8267	456.45
required.)	ment (See instructions regarding type of information	9 Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name Payla		Amount (\$)
26	Payee address; City; State: Zip Code  1585 N 50  54 X 782	binas 07	50.00
Purpose of pay	yment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
Mar	rage Campaign		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
Purpose of pa required.)	yment (See instructions regarding type of information	<ul> <li>Complete if direct expenditur</li> <li>Candidate / Officeholder name</li> </ul>	e to benefit C/OH •• Office sought Office held
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
Purpose of pa required.)	Ayment (See instructions regarding type of information	Complete if direct expenditur     Candidate / Officeholder name	re to benefit C/OH · · Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

	ICAL EXPENDITURES FROM PERSONAL FUNDS RECEIVE CITY OF SAN A	
	ON Guide explains how to complete this form.	hedule G: \( \q: 58\)
2 FILER NAM	UID M BUCHER LUIS MACCOUNT # 10	Ethics Commission filers)
APR 23 2001	5 Payee name  Election Support Sevulos  6 Payee address; City: State: Zip cpde  1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code	Amount (\$)
8	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

	CANDIDATE / OFFICEHOLDER						ORM C/OH SHEET PG 1		
The C/OH INST	RUCTION GUID	e explain:	s how to	complete	1 ACCC (Ethics	UNT# Commission f	ilers)	2 Total page	s fled:
3 CANDIDATE OFFICEHOL		<u></u>	_	AUID		Y. "	1	OFFI	CE USE ONLY
NAME	NICKN		Bi	SHE			UFFIX	Date Received	
4 CANDIDATE OFFICEHOLI ADDRESS	DER 3	iss / PO BOX; 2_23	·	WAF		#40	_	Data Hand daliy	ered or Date Postmarked
Change of	address 5	AN F	NOF	010	JIX	782	12		West of Delic Position and
5 CAMPAIGN TREASURER NAME	MICKN			RST LEEN ST	) " <del> </del>		JFFIX	Receipt #	Amount
			TRE	EVINC	)			Date imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or bu		TADORESS (NO ZLI9 5AN		ASE): APT/SLA TON1	TE	DR	1UE 781	<b>ZIP CODE</b>	
7 CAMPAIGN TREASURER PHONE	AREA (		PHONE NI	MBER 1 - 2	390	EXTENSION			
8 REPORTTY	e 🗆	January 15	<b>300</b>	ı day before electi	on _	Runoff			fler campaign treasurer nt (officeholder only)
		July 15	8th	day before election	n 🗀	Exceeded \$50	00 limit	Final repor	t (Attach C/OH - FR)
9 PERIOD COVERED	Month	/O  /	01	THRO	OUGH (	94 ,	/05/	/ O	
10 ELECTION	Month 05	ELECTION DA	Yeer	ELECTION TO	_	Runoff	Ø	General	Special
11 OFFICE	OFFICE	HELD (If any)			7	OFFICE SOUG	CI CI	'Dist	rct 9
13 NOTICE OF DIRECT CAMPAIGN	Candid							idate's prior cons t campaign expe	sent or approval. Inditure
EXPENDITUR BY OTHER INDIVIDUALS	Name						-	-	÷ -
additional pages		Address / PO Basc, Apt. / Sulle 9; City; State: Zip Code  87 : 11 _ S - Ud V 1007							
CITY CIEPLED CITY CIEPLED									

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	DAUID	M BUCHER	15 ACCOUNT #(Ethics Commission filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)		tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	iste / officeholder. These expenditures les and officeholders are required to report			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 NO REPORTABLE ACTIVITY		o reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS), UNLESS ITEMIZED	\$			
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,8350			
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,757.0			
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$			
9 AFFIDAVIT						
Charles I	/ERONICA Ą. JACK	I swear, or affirm, under penalty of per is true and correct and includes all informer under. Title 15, Election Code.				
	NOTARY PUBLIC STATE OF TEXAS  My Comm. Exp. 08-16-2001					
AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of Candida	ite or Officeholder			
Sworn to and subscribe	$\Lambda I$	be said Derid M. Rucher, by which, witness my hand and seal of office.	this the 5th day			
Monica	1. Lacks	37:11 5- 8dv 1007	Notary			
Signature of officer adm	ninisticing oath	HECEIVE OF BELLEVILLE OF STATE	of officer administering oath			
/ U - rimmer on recycled paper	11		Revised 05/11/2000			

OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, & SPAC, & SPAC-SS)				
The INSTRUCTION GUIDE explains how to complete this form.				Schedule A1:
2 FILER NAM	DAVID M. BUCI	HER	3 ACCOUNT # (Et	hics Commission filers)
Feb 22 2001	5 Full name of contributor out-of-state PAC (IDM:  Mr + Mr5 Tury  6 Contributor address; City; State; Zip Code  T Myr+le wood  5 A TY 78 2/	Stirma. 8		8 In-kind contribution description (if applicable)
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Peb Peb	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
22 2001	Magic Time M.	achine erprises	585.00	WAR AND THE PROPERTY OF THE PR
Principal occuj	pation (Optional)	Employer (Option	nal)	
Feb 22 2001	Full name of contributor out-of-state PAC (IDIT:  Robert A Borr  Contributor address; City; State; Zip Code  359 E Hildebr	`	Amount of contribution (\$)	In-kind contribution description (if applicable)
	ation (Optional)	Employer (Option	al)	
Date Feb 27 2001	Full name of contributor out-of-state PAC (IDN: David & Wendy Mac Contributor address; City; State; Zip Code 309 Wilt-Shire SATK 78209	eaden	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation (Optional)	Employer (Options	ai)	
Date Feb 1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SATK 7825	hields Bond	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ntion (Optional)	Employer (Optiona	•	
ATTACH ADDITIONAL COPIES OF THE ROLL AS NEEDED  If contributor is out-of-state PAC, please see instruction of additional reporting requirements.				

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

Offici				SC-SPAC, SPAC, & SPAC-SS)
The Instruct	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM	DAUID M. BUC	HER	3 ACCOUNT # (E	thics Commission filers)
4 Date Feb 2:2 2001	5 Full name of contributor   out-of-state PAC (10th)  050ph + Re ne ( 6 Contributor address; City; State; Zip Code  13702 Rhodes  UNIVERSAL City	Edwards 278148	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occi	upation (Optional)	10 Employer (Option	l nai)	
Date Feb 22 2001	Full name of contributor   out-state PAC (IDIE)  Mr + Mr5	Denny	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	rpation (Optional)	Employer (Options	ai)	
Date Feb -22 2001	Full name of contributor out-of-state PAC (IDE:  James or Joanotte  Contributor address; City; State; Zip Code  3665 Springwood  5A Ty 782	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optiona	ni)	
Peb 22 2001	Full name of contributor  John P.  Contributor address; City; State; Zip Code  16505 La Cantera  JATX 18256	n. #833	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optiona	l)	
Date Feb 22 2001	Euli name of contributor out-of-state PAC (ID):  PLU DI Sarah Contributor address; City; State; Zip Code  SAULE 118  SAULE 18	nner	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Pattonal	)	
SILA CEEBK ATTACH ADDITIONA <b>與與國際</b> ANOITIONA SA WEEDED  If contributor is out-of-state PAC, please see is <b>Sale of additional</b> reporting requirements.				

OTHER	R THAN PLEDGES OR LOAN	NS	(FOR FOR	SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.	Annual Angularia	1 Total pages this	Schedule A1:
2 FILER NAM	FUID M. BUCHER	<b>D</b>	3 ACCOUNT # (E	thics Commission filers)
4 Date Feb 22 2001	5 Full name of contributor Out-of-state PAC (IDIT:  BUTTY ENAM CO.  6 Contributor address; City; State; Zip Code  414 Port and  5ATV 70216	n	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Feb 22 2001	Full name of contributor out-of-state PAC (IDN: Kerth Kinney) Contributor address; City; State; Zip Code PO Box 33482 SATK 78265		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	ai)	
Feb 22 2001	Full name of contributor   Out-of-state PAC (IDE: James or Kath Lee N Contributor address; City; State; Zip Code 3018 N Flores SATK 78212	n Viesca	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Option	ai)	
Date Feb 22 2001	Full name of contributor out-of-state PAC (IDIT)  CC(10) Rodrigue  Contributor address; City; State; Zip Code  144 E Tramé  5A TX 782/2		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation (Optional)	Employer (Options	N)	
Date Feb 22 - 2001	Full name of contributor out-of-state PAC (IDIT:	Mendez 10	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation (Optional) 87 :	S- Ud V INT	()	
ATTACH ADDITION OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see [15] A please s				

OTHER	R THAN PLEDGES OR LOAI	NS	(FOR FOR	MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instructs	он Guide explains how to complete this form.	_	1 Total pages this	Schedule A1:
2 FILER NAM	DAVID M. BUCH	ER	3 ACCOUNT # (Et	thics Commission filers)
4 Date Feb	5 Full name of contributor Dout-of-state PAC (IDA  Savier or Rearl	Gutierre	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
22	6 Contributor address: City: State: Zip Cod 12514 Elm M 5A TX 78236	anor	100.00	 
9 Principal occu	pation (Optional)	10 Employer (Option	onal)	
Date Fib 22 Jul	Full name of contributor out-of-state PAC (ID#)  Seph Johnson or Fan Contributor address; City; State: Zip Code  13668 Treasur  5A TX T823	ren Diaz re Trail	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	, Employer (Optio	nal)	
Feb 22 2001	Full name of contributor   out-of-state PAC (IDM:   The Contributor address: City; State; Zip Code   Came   Came		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	nal)	
0ate Feb -22 2001	Full name of contributor out-of-state PAC (IDE)  But or Lerosa Me Contributor address: City: State; Zip Code  841 Wiltshire  5474 78209		Amount of contribution (\$)	In-kind contribution description (if applicable)
Prinapal occup	ation (Optional)	Employer (Option	al)	
Peb 22 2 2001	Full name of contributor Out-of-state PAC (ID#_  Bruce Smile Contributor address; City: State: Zip Code  1800 Souch Ma7	1 Tsberger	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Option	al)	
	85 :11 A 2- 89A	SOOI		
DECEMBER 10 PROPERTY OF THE PR				

OTHE	R THAN PLEDGES OR LOAN	18	(FOR FOR	MS C/OH. C/OH-SS, SC-C/OH. SC-SPAC, SPAC. & SPAC-SS)
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM	DAVID M. Bux	HER	3 ACCOUNT # (E	hics Commission filers)
4 Date Feb 22 200/	5ATK 7878	925 3	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occi	upation (Optional)	10 Employer (Option	onal)	
Feb 22- 2001	Full name of contributor   out-of-state PAC (ID#)  MChae   Dau//  Contributor address: City: State: Zip Code  240 Corona  54 TV 78209	2	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	apation (Optional)	Employer (Optio	nal)	
Feb 22 2001	Full name of contributor ovi-of-state PAC (ID#)  Marvin Sn  Contributor address: City: State; Zip Code  204 Zambran  5ATV 78209		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	nai)	
Mar 15	Full name of contributor Out-of-state PAC (ID#:_  5 A P D A P A C  Contributor address: City: State: Zip Code  1939 N. E Loop 4	0 #300	Amount of contribution (\$)	In-kind contribution description (if applicable)
2001	3A 1X 78217 pation (Optional)	Employer (Option	<u>'</u>	
	octor (optolia)	Employer (Opaci	iai)	
Apr 2001	Full name of contributor out-of-state PAC (ID#_  SH Firefighters  Contributor address: City: State; Zip Code  SATX 182-30	PAC -10	Amount of contribution (\$)	In-kind contribution description (if applicable)
Pnncipal occup	pation (Optional)	Employer (Option	ai)	
ATTACH ADDITIONAL CONTROL OF THE FORM AS NEEDED  If contributor is out-of-state PAC, please see see see see of additional reporting requirements.				

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

				SC-SPAC, SPAC, & SPAC-SS)
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1
2 FILER NAM	AUID M. BUCHE	ER	3 ACCOUNT # (E	thics Commission filers)
Apr 2 2001	5 Full name of contributor   out-of-state PAC (ID#)  Mr + Mr5   Serome  6 Contributor address: City: State: Zip Code  6 CONTRIBUTOR AND CONTRI	Harris	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	 pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation (Optional)	Employer (Optional)		
Oate	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Pnnapal occup	ation (Optional)	Employer (Optiona	1)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address: City: State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation (Optional)  87: H V S - Ud V 1007  ATTA 外投入で見ばいること	Employer (Optional	,	
If contrib	unte <b>们的 ADM DXM bOMO</b> o-tuo si notuc BECEINED			g requirements.

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
DAULD M. BUCHER	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name	7 Amount (\$)
Feb Easy Drive 6 Payee address: City; State; Zip Code 2001	152.64
8 Purpose of payment (See instructions regarding type of information 9 ··· Complete if d	irect expenditure to benefit C/OH ·-
Purchase Wooden Stakes Candidate / Officeholder	·
Date Payee name	Amount (\$)
Feb Hilled Haverising  Payee address; City: State: Zip Code	1.107.46
2001 JA TX 78212	1,10111
	firect expenditure to benefit C/OH ··
required.) Candidate / Officeholder	
Signs	
Payee pame  Pab  Payee address; City State; Zip Code	Amount (\$)
10 1585 N. Sabinas	200.00
54 1x 18201	
required.) Candidate / Officeholder	direct expenditure to benefit C/OH ·· name Office sought Office held
Campaign Manager	
Date Payee name	Amount (\$)
Eh Mungua Printers	
16 - 2201 Buena Vista	- 175,00
2001 SA TK 78207	
Purpose of payment (See instructions regarding type of information required.) Complete if	direct expenditure to benefit C/OH r name Office sought Office held
Push cards NUBTO ALLO	
ATTACH ADDITIONAL CORRES FORM AS	NEEDED

P.O. Box 12070

POLITICAL EXPENDITURES	SCHEDULE F			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:			
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)			
4 Date 5 Payee name  Feb City of 5 A.  20 6 Payee address; City; State; Zip Code  200/ SATX	7 Amount (\$)			
8 Purpose of payment (See instructions regarding type of information required.)  119 Fee	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held			
Payee name  Feb Payee address; City, State; Zip Code  1585 N. 56  2001 5A TY 782	abinas 150.00			
Purpose of payment (See instructions regarding type of information required.)  Mainage Campaign	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held			
Payee name  Feb Payee address; City: State: Zip Code  26 2201 Buene  2782	inters  a Vista 369.08			
Purpose of payment (See instructions regarding type of information required.)  Postcards	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date Payee name  Mar John Figura  Payee address; City; State; Zip Code  3 - 1285 N. Sar  2001 SA TX	40. 51195 - 250.00 78207			
Purpose of payment ( Prinspuctions regarding type of information required.)  Mana grant National Payment ( Prinspuctions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
DECEMBER OF THIS FORM AS NEEDED				

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506
POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name  Mar John Aguayo  6 Payee address: City: State: Zip Code  3 SATX 78207	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  Petty CaS & Candidate / Office	ete if direct expenditure to benefit C/OH •• holder name Office sought Office held
Date Payee name / Mungua Printers  8 Payee address; State; Zip Code  2201 Buena Vist  2001 JA TX 78207	1 65585
Purpose of payment (See instructions regarding type of information required.)  — Day Mailes  — Day Mailes	lete if direct expenditure to benefit C/OH ** sholder name Office sought Office held
Date Payee name  Mar Mungua Printer  Payee address; City State; Zip Code  2201 Buena Vista  2001 SATY 78207	3 1308.45
Purpose of payment (See instructions regarding type of information required.)  Candidate / Office	olete if direct expenditure to benefit C/OH eholder name Office soughi Office held
Date Payee name.  Mar John Aguayo.  Payee address; City; State; Zip Code /  16 - 1585 N. Sabinas  200/ SATX 18207	Amount (\$) - 200.00
Purpose of payment (See instructions regarding type of information required.)	plete if direct expenditure to benefit C/OH Omos held Omos held

ATTACH ADDITIONAL COPIES OF THIS FORMS LOT